

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	4/23/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	4-11-99
FORMALITY REVIEW	<i>[Signature]</i>	69916	12/14/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
41	4/23/99
42	4/23/99
43	4/23/99
44	4/23/99
45	4/23/99
46	4/23/99
47	4/23/99
48	4/23/99
49	4/23/99
50	4/23/99

Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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